

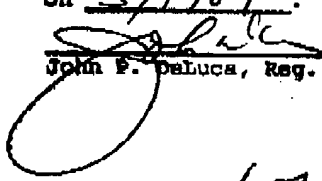
MAR 01 2007

3/1/07

Transmitted
Change of Correspondence
Address (46)P.

CERTIFICATE OF TRANSMISSION

I hereby certify that this
correspondence is being facsimile
transmitted to the U.S. Patent and
Trademark Office, Fax No. _____
on 3/1/07.

571,273
8300
John F. DeLuca, Reg. No. 25,505

47 Pages
Including Cover Sheet

John De Luca
1090 Vermont Ave NW
WASH DC 20005
202 787 3239

**RECEIVED
CENTRAL FAX CENTER**

MAR-01-2007 13:48

MAR 01 2007

P.38/47

PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/525046
Filing Date	2/18/05
First Named Inventor	POZZATO
Art Unit	3739
Examiner Name	ROLLINS
Attorney Docket Number	66309- 210

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

68804

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
- ☐ Attorney or agent of record. Registration Number _____
- ☒ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number **25505**

Signature

Typed or Printed
Name

John P. De Luca

Date

March 1, 2007

Telephone

202 787 3239

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.